

Working with

# children

diagnosed with attention deficit hyperactivity disorder (ADHD)

**This is a free resource.**

**Join Psych4Schools today to access our full library of ebooklets and other resources designed to help you work more effectively with students, parents and colleagues.**

**Schools join for as little as \$1.10 per student.**

Supporting teachers, leadership teams and professionals in primary and junior secondary schools

First published 2011 by Psych4Schools Pty Ltd  
PO Box 558, Richmond VIC 3186 Australia  
[www.psych4schools.com.au](http://www.psych4schools.com.au)

ACN 143 954 287 ABN 13 143 954 287

ISBN 978-1-921908-22-4

Copyright © Murray Evelyn and Zoe Ganim 2011

All rights reserved. No part of this ebooklet may be reproduced, transmitted or otherwise made available by any person or entity, including internet search engines or retailers, in any form or by any means, electronic or mechanical including printing, photocopying (except under the statutory exceptions provisions of the Australian Copyright Act 1968), recording, scanning or by any information storage and retrieval systems or otherwise without the prior written permission of Psych4Schools Pty Ltd. Any person who does any unauthorised act in relation to this publication may be liable to criminal prosecution and civil claims for damages.

**Warning** This ebooklet is not intended as a substitute for professional consultation with a qualified practitioner. It is intended simply to provide generic advice and guidance for teachers and other professionals to access and utilise. You should not act on the basis of anything contained in this ebooklet without first obtaining professional advice specific to your circumstances. The advice contained in this ebooklet does not cover all the individual issues that may arise for any person on any particular day. We endeavour to provide information sourced from reliable research and experience. It is believed to be accurate and current as at the date of publication. No warranties or representations are made regarding the quality, accuracy or fitness for purpose of any content in this ebooklet.

Front cover image: iStock\_000013725377

Inner photo of girl: iStock\_000015405853

Disclaimer: Licensed iStock photos are used for illustrative purposes only, the persons depicted in the photos are models.

Cover design: Keith Lucas Design Pty Ltd

Freelance editor: Kerry Nagle

In-house editor: Christine Evelyn

#### Summary of the Licence to Use and Reproduce Digital Educational Materials

You are granted a license to use this ebooklet on the terms set out in this Summary and the Terms and Conditions of Use available here and on the Psych4Schools website, see [www.psych4schools.com.au](http://www.psych4schools.com.au)

Publisher:	Psych4Schools Pty Ltd
Product Type:	ebooklet
Product:	Working with Children diagnosed with attention deficit hyperactivity disorder
Authorised users:	As per your subscription data
Authorised uses:	View and interact with this Product online. Print the Product in unaltered form for personal use or if you are a teacher or school staff member to review its suitability for your teaching. Use this Product in line with Part VB and Section 183 of the Australian Copyright Act (1968) provided you have a licence to do so administered by Copyright Agency Limited (CAL). You must ensure that any use of this Product is subject to inclusion in any CAL notifications (such as Electronic Use Statements).
CAL	Certain uses of this website by Australian educational institutions are allowed by Part VB of the Copyright Act if the institution is covered by a remuneration notice with Copyright Agency Limited (CAL). For information about Part VB visit <a href="http://copyright.com.au">copyright.com.au</a> and <a href="http://copyright.org.au">copyright.org.au</a> . Under Part VB, educational institutions covered by a remuneration notice with CAL may do the following with a 'reasonable portion' deemed to be 10% of this material, for educational purposes: Save a copy Print Photocopy a printout Upload to a learning management system or intranet Display on an electronic whiteboard or other screen Email to a student or colleague Distribute to students or colleagues on a CD-ROM or USB Make changes or repurpose
Other uses	This licence is granted in addition to the statutory licence scheme and other rights administered by CAL that allows schools and other licensed users to use the Product in certain circumstances. The rights granted in this licence exclude and do not overlap with CAL's administration but enable use beyond it. The user may do the following with up to 20% of the material from each Product: Store, print, reproduce, modify, adapt or personalise key strategies in relation to individuals or groups of students. Share by any means key strategies with other teachers, parents or relevant health professionals. Provide a single hard copy of the Product to a parent or teacher in regards to their child or student.



## Children with a diagnosis of attention deficit hyperactivity disorder (ADHD)

Approximately 8 per cent of Australian children are diagnosed with attention deficit hyperactivity disorder (ADHD)<sup>1</sup>. Children with ADHD exhibit a pattern of inattentive, impulsive and hyperactive behaviours at a rate that is far greater than expected for children of their age. These behaviours have a significant biological basis and the symptoms of ADHD are persistently evident at home, at school and across all other areas of these children's lives.

ADHD is not a phase or a result of poor parenting. There is overwhelming evidence that the brains of children with ADHD, particularly in the frontal lobe region, are 'wired' differently from their non-ADHD peers. These children have impaired executive functioning—that is, their ability to evaluate a situation, plan and take the required action, and adjust these actions as required, are often impaired. ADHD also affects the ability to focus and maintain attention. As a result, ADHD has a significant negative impact on learning, as well as social and general functioning. Academic performance, peer relationships, self-esteem, mood and personal organisation can all be compromised by ADHD.

ADHD can co-exist with other mental health disorders. Some children with ADHD also have a diagnosis of one or more of the following: learning disorders, communication disorders, anxiety, oppositional defiant disorder, conduct disorder, and depression. It is critical that these children are assisted at home, at school and in other community settings, to form a positive self-concept and a belief that they have abilities that are valued. It is also essential that these children be taught that their behaviours can be managed through self-regulation and assistance from others.

### Behaviours

At school, these children may exhibit the following behaviours that can be grouped as inattentive, hyperactive, impulsive or challenging<sup>2</sup>.

#### Inattentive behaviours

- Easily distracted by others
- Distracting themselves from the task at hand
- Actively avoiding academically challenging schoolwork
- Difficulty staying on tasks that are perceived as requiring effort or prolonged attention
- Making simple, careless mistakes
- Difficulty following instructions

<sup>1</sup> Graetz, B. W., Sawyer, M. G., Hazell, P., Arney, F. & Baghurst, P. (2001). Validity of DSM-IV ADHD subtypes in a nationally representative sample of Australian children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1410–1417.

<sup>2</sup> American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.) Washington, DC: American Psychiatric Association.



- Difficulty starting and finishing a work task
- Difficulty organising themselves for a task
- Frequently losing objects such as books, drink bottles, pens, jumpers

### Hyperactive behaviours

- Fidgeting with hands, feet, and objects
- Difficulty remaining seated during a task
- Excessively physically active and repetitive—running around, climbing, swinging on chair
- Difficulty playing quietly
- Always ‘on the go’
- Talking excessively and often loudly

### Impulsive behaviours

- Difficulty taking turns
- Making impulsive comments
- Difficulty waiting for instructions
- Frequently interrupting conversations or games
- Generally acting without thinking through all the consequences
- Making personal comments without apparent awareness for others’ feelings (although can be remorseful after)
- Saying they are ‘bored’ by academic tasks

### Challenging behaviours

People often incorrectly perceive these children as being purposefully defiant, rude and lazy. The way they are perceived and treated, and their own judgments about their abilities, can result in additional symptoms and challenging behaviours that may be evident in the classroom and at home. These can include:

- moodiness
- anxiety
- stubbornness
- lacking self-confidence
- becoming easily frustrated
- aggression
- difficulty making and keeping friends
- oppositional behaviour
- breaking classroom and school rules.



## ADHD and gender

A diagnosis of ADHD is currently three times more common in boys than girls. In the past, the biological basis for ADHD appeared to be more prevalent in males through families. However, it now appears that females have been under-diagnosed. Research now shows that a diagnosis of ADHD is as common in females as it is in males in adulthood.

ADHD in girls can be especially problematic for peer and social relationships, particularly with other girls. Anecdotal evidence tends to suggest that girls display more verbally impulsive behaviours such as making impulsive comments, frequently interrupting conversations or not listening carefully, and being impulsive with electronic texting and messaging.

## How is ADHD diagnosed?

A paediatrician, neurologist or a child psychiatrist typically diagnoses ADHD after a general practitioner refers a child to them. Psychologists are also commonly involved in diagnosis and treatment. Diagnosis is made using a range of observations, surveys and clinical interviews with parents, teachers and the child. Symptoms must have been present prior to the child turning seven and have persisted over a six-month period.

## Is ADD the same as ADHD?

Some children are diagnosed with attention deficit disorder (ADD) rather than ADHD. Children with ADD are less hyperactive than those with ADHD but are just as inattentive. Children with a diagnosis of ADD are less likely to display challenging behaviours or social difficulties but will have difficulty maintaining attention. These children's behavioural problems are more likely to be overlooked by their parents and teachers.

## Treatment and management

There is no cure for ADHD. Behaviours are commonly managed through stimulant medication, in combination with tailored behaviour management programs, and specific behaviour management training for parents, teachers and the child. There is also a non-stimulant medication on the market.

## Lifetime implications of ADHD

Up to 80 per cent of children with ADHD will continue to display symptoms of this disorder throughout adolescence and into adulthood. With appropriate support and intervention during childhood, many adults with a diagnosis of ADHD will learn to manage their symptoms and go on to excel in professions in business, entrepreneurial and creative fields and trades. However, some of these children, particularly those with a co-existing learning or mental health condition, may find it difficult to maintain employment without a high level of support from family members or community agencies.





## Strategies to support the child with ADHD

A number of strategies can be used to support the child with ADHD.

- **Follow recommendations made by the child's specialist, doctor or psychologist.**
- **Develop an individual learning plan** focusing on the child's interests, strengths and weaknesses. Review and update the plan each term.
- **Communicate regularly with the child's parents.** Where possible, work together as a team to set firm and consistent boundaries at home and at school; to develop a classroom behaviour management plan; and to apply rewards for appropriate behaviour and consequences for misbehaviour. Be mindful that in some cases one of the child's parents may suffer from ADHD. If required, refer the child's parents to the school psychologist to assist them to apply consequences for misbehaviour and rewards for appropriate behaviour.
- **Ensure compliance with any medication.** Many children with ADHD may have to take appropriate medication at school as prescribed by their paediatrician, neurologist or psychiatrist. Ensure that medications are taken very discretely at the appropriate time at the school office or according to school procedures. This needs to be done privately with one designated staff member, without attention being drawn to the child through loudspeaker announcements or whispered comments that may be overheard by other students. Some medications can be prescribed in slow release form that may remove the need for medication to be taken during school hours.

### Improve concentration

- **Reduce physical distractions around the child's work area.** Assess the child's workspace. Reduce visual distractions such as the view through windows or colorful wall charts. Ensure the child is not seated next to a main thoroughfare. If possible, give the child the opportunity to work at two work places: next to children who are independent workers who are not likely to be influenced by students who self-distract, or a workspace facing a wall with limited visual distractions as close to the teacher as possible.
- **Seat the child next to good role models** who are unlikely to be easily distracted. Talk privately to the child to encourage them to watch and notice how these role models work and attend to the task at hand.
- **Positively reinforce efforts to maintain concentration.** Use praise or other reinforcements such as using an egg timer, house points or stickers. Positive reinforcement is most effective when it immediately follows desired behaviours such as concentrating for 10 minutes. Another option is to have a digital clock or timer on the child's desk. Visual timers *have 60-minute clocks where the time disc diminishes as time elapses, reminding the child to work towards completion of the task*, see [www.spectronicsinoz.com](http://www.spectronicsinoz.com)
- **Develop predictable classroom routines.** Tell the class of any changes to the routine in advance.
- **Use visual supports such as pictures, charts and organisational planners** to help reduce the burden of verbal instructions. A visual reminder allows the teacher to simply point, to indicate the next step or activity. Encourage the child to check the planner for what to do next.
- **Where possible, provide extra one-to-one assistance through a teacher's aide or assistant, volunteer, peer or older buddy.** Generally, education departments and other authorities do not provide additional funding for children with a single diagnosis of ADHD.



## Adapt the way you give instructions

- **Promote eye contact and use the child's name frequently** to refocus the child's attention. For example, use the phrase 'eyes to me' as a method to prompt all children to attend to you in preparation for listening to an instruction.
- **Use clear, concise language** when giving instructions and emphasise key words.
- **Check that the child has understood the instruction.** You can do this by watching the child to see if they are following the instruction. If the child is not following your instruction, ask the child to repeat the instruction and explain what they have to do next.

## Modify classroom tasks

- **Reduce task duration.** Reduce the amount of time that the child is expected to work on an activity. For example, have the child complete only the odd numbered questions in a mathematics text. This may effectively halve the task without significantly altering the breadth of content exposure.
- **Break tasks into smaller steps.** Children with ADHD will have difficulty completing a large task. Breaking tasks into smaller steps helps to make it more manageable. The younger child may benefit from having half of a worksheet covered up until they have completed the top half, or only be given one page of a worksheet at a time. It can be useful to set time limits for each step and remind the class how much time they have left. For example, 'You have 10 minutes left ...5 minutes ...2 minutes' and so on. The child may also need one-to-one verbal prompting to stay on the task.
- **Be flexible if necessary.** Allow the child to fiddle with something like a stress ball. The muscle movement can help the child's brain to focus on the school task or the teacher's instruction.
- **Increase tasks that provide immediate feedback.** Children with ADHD respond well to immediate feedback on their performance. Educational computer games are a good option as they are typically high-interest and provide this feedback. Good resources include [www.mathletics.com.au](http://www.mathletics.com.au), [www.spellingcity.com](http://www.spellingcity.com), Word Shark and academic board games and quizzes that require peer interaction where reward is in competition and related to progression around the board.
- **Incorporate movement and physical activity within class activities.** There are many ways you can increase the child's physical activity in the classroom.
  - **Incorporate movement-based mathematics activities.** For example, have the class walk around the room while you call out questions such as 'Sit down if your birthday can be divided by 3', or ' $5 \times 7 = 35$ . Sit down if you think this is correct.'
  - **Channel hyperactivity into a purposeful activity.** Assign the child a role in the classroom that involves physical movement and is in line with their interests. For example, choreographing a class dance for 10 minutes at the end of the day once a fortnight, coaching the class soccer team in one area of expertise or reading to a beginner's class once a week.
  - **Have the class perform high-energy tasks for a short period before beginning a task.** For example, ask the class to stand behind their chairs and do 5 star jumps quietly before sitting to complete a writing task. This can help to release energy and refocus the child.
  - **Use 'hands on' learning approaches that require movement,** where appropriate. For example, when learning the concept of area and perimeter, have children measure buildings or aspects of the playground before performing the calculations.
  - **Send the child on appropriate and purposeful errands,** such as taking a note to the front office or collecting lunches from the canteen.



- **Schedule core academic subjects for earlier in the day.** Research shows that on-task behaviour of children with ADHD progressively diminishes throughout the day<sup>3</sup>. Depending on school protocols and timetable constraints be prepared to allow more computer time, enquiry-based learning and 'rich' learning tasks as the day progresses. These activities allow the interests of the learner to be better followed.
- **Help the child develop creative ideas.** Some children with ADHD struggle to think of ideas and to organise them. The teacher might need to prompt them to start writing or have a class 'ideas bank' which lists topic suggestions, opening sentences, or interesting pictures to help the child make an early and successful beginning to creative writing tasks.

## Modify homework

- **Check written instructions for homework.** Check that the child has recorded homework tasks correctly or has been provided with clear written instructions. Also check that the child understands the homework requirements and has appropriate requisites (books, pens, diary). Teachers can help by having a set day or days when homework is distributed. Parents can help by checking that completed homework is placed in the school bag.
- **Divide homework into manageable components.** Teachers might simply use highlighters to break the homework task into two or three parts so the child can tick off each section as it is completed.
- **Set realistic, achievable goals with the child.** Set either a time limit for an activity or a desired number of questions to be completed accurately. Write the goal down in the child's diary and have the parents or the child mark whether the goal was achieved. Keep a record of the number of times a homework goal was achieved and give praise when the child meets the goal. You might like to keep a tally of the homework goals achieved and provide a small reward once the child reaches a pre-agreed target such as meeting their goal 15 times in the month.
- **Ask parents to reward the child at home for goal attainment.** Work with parents to provide the child with pre-selected rewards once homework is completed. The rewards must be predetermined and agreed to by both the parent and child. Rewards could include an additional story read by the parent at bedtime, a sticker, a favourite healthy snack, additional TV or game time, a weekend movie or soccer game, a hot chocolate with Dad, or praise from a parent or relative by telephone.

## Use behaviour management to promote cooperation

- **Develop a whole school management plan for the child** if necessary, so that all teachers can be consistent and supportive of the child. The management plan should highlight the child's strengths and weaknesses and indicate appropriate strategies in managing the child. All teachers need to be consistently tolerant and flexible in their approach to assisting the child. See examples on the Psych4Schools website of various student management plans as they become available.
- **Develop a behaviour management plan or chart in conjunction with the child.** Ensure that all teachers, including elective and casual relief teachers, use the same plan to ensure consistency. These techniques are more effective when the child has a role in deciding how they would like to be evaluated and the consequences for inappropriate behaviour. Use stickers, a congratulatory note home to parents or other rewards at the end of a day or week. If using a behaviour management chart that is completed after each subject or block, ensure that spaces are provided on the chart for teacher feedback of the child's behaviour during transition between classrooms and during recess and lunch.

<sup>3</sup> Reif, S.F. (1993). How to reach and teach ADD/ADHD children: Practical strategies and interventions for helping students with attentional problems and hyperactivity. New York: Centre for applied research in education.





## Use strategies to reduce oppositional behaviour

- **Remain calm and in control.** Know what helps you to keep calm and use these strategies to remain in control of your emotions and the loudness of your voice. You are a role model for managing frustration and annoyance.
- **Provide the child with a warning.** For example, 'Billy, I've asked you to join us on the floor. I won't ask you again. Please join us here now or you will lose part of your computer time this afternoon.' Ensure the consequence is in line with the child's behaviour management plan. Do not threaten with a consequence that you cannot implement. Keep consequences small and manageable.
- **Have steps to support the management plan.** Steps should be modified to suit the needs of the child. Examples of recommended steps include:
  - Approach the child (as closeness and proximity can work as a containment factor).
  - Bend down to the child's level and gain eye contact.
  - Talk gently but with intent.
  - Provide the child with a choice. For example, firmly tell the child they have a choice: they can either come to the mat or miss five minutes of computer time at the end of the session.
  - If the child at this point is not coping with demands, tell the child they have two minutes to make their choice.
  - Check back with the child in two minutes.
  - If they choose the desired choice, thank them.
  - If the child does not choose the desired choice, implement the consequence.
- **Remind the child about the next favourable activity.** Know the activities that the child likes and remind them it will be available once the task is completed. It is preferable to use an activity that will be occurring that day rather than one that won't occur for weeks. When using withdrawal of a favourable activity as a consequence, do not withdraw all the activity; tell the child that they are at risk of missing part of the activity.
- **Provide an ultimatum or choice of options.** For example, say 'You can either pack up your things now or stay in at the start of lunchtime and pack them away.' Options are about alternatives but the task or request remains the same. Other examples of providing options are saying 'You can sit on the mat or sit on the chair here with the group' or 'Pick a partner and get a puzzle or a board game to work on together' as an alternative activity.
- **Use hand signals and signs,** if appropriate. Work with the child to develop several hand signals that indicate positive approval (a thumbs-up sign), 'stop and think' (a raised index finger), 'I noticed cooperative behaviour' (a horizontal pointing finger) and 'stop' (an open palm raised towards the child).
- **Set consequences for misbehaviour.** It is more effective if these consequences have been predetermined and are consistent with the behaviour management plan. Ensure the child is clear about the consequences before they engage in misbehaviour. The child may need a reminder of the consequences and an opportunity to modify their behaviour.
- **Provide immediate feedback.** Children with ADHD often have difficulty noticing the connections between behaviour and consequences. It is easier for them to understand the connection between cause and effect when the effect is immediate. Effective consequences include:
  - time away or time out



- partial withdrawal of privileges
- partial withdrawal of favoured activities
- completing a reflection sheet. This is a set sheet or journal for reflections where the child records the situation that occurred and lists a better alternative or decision
- writing a simple apology letter (to themselves, to a parent or teacher, to another child). This can be done quietly with those children from grades two upwards to lower secondary levels. With younger children, the teacher might be the scribe for part of the task.
- **Catch the child acting in a pro-social manner.** Use descriptive praise when you see the child acting in a pro-social way. For example, 'Sam, I like the way you asked for help' or 'Thank you, Paige, what kind manners you used when helping Akol.' Reinforcing appropriate social behaviour amplifies it as positive, thus promoting pro-social behaviour, rather than the constant negative reinforcement associated with correcting poor behaviour.
- **Teach the class rules.** At the beginning of the year, spend time actively developing and teaching a class code of behaviour, or rules. Frame rules as positive statements. For example, 'In our classroom we speak kindly to one another. Revisit the rules regularly throughout the year through classroom discussions and use praise and hand signals to reinforce pro-social behaviour.
- **Highlight relevant behaviours or class rules that are expected *before* you begin an activity.**
- **Teach the whole class 'stop-think' behaviour.** Teach strategies that encourage children to 'think' before they act. Programs such as 'Stop think do' have been developed for use in the classroom to teach whole-class impulse control and to promote positive behaviours. See <http://www.stopthinkdo.com> for more information.

### When the child exhibits agitated behaviour, irritability or anger outbursts

Implement an agreed and predetermined set of procedures with the child and other staff and the principal.

- **Remain calm.** A steady, calm voice can be reassuring for the child and helps to keep you thinking straight and able to reason quietly.
- **Do not talk too much.** Keep your language meaningful, short and clear.
- **Avoid power struggles** by giving the child one or two acceptable choices that have been previously arranged. For example, you may like to ask the child if they want to go to the 'calm corner' or another pre-designated calm space.
- **Help the child calm down by:**
  - **Allowing the child to sit on a beanbag by themselves** in the 'calm corner', the 'reading corner' or at a desk or table in the classroom to listen to calm music using headphones, use the computer for a set period, squeeze a stress ball, hold a light plastic worry bead or similar sensory object to help keep calm.
  - **Not 'badgering' or pressuring the child** to return to usual activities or discuss their inappropriate behaviour too soon. Let the child indicate via an agreed signal when they are ready to discuss or return to the usual program.
  - **Encouraging the child to have a sip of water** from their drink bottle or take two responsible buddies to drink from the outside taps.



- **Suggesting the child do a quiet activity from their individual workbox.** Have a range of tasks from jigsaws and crossword puzzles, drawing and illustrating, to mathematics sheets and literacy exercises that have been previously arranged with the child.
- **Suggesting the child take two responsible peers for a walk** around the school oval or agreed location if appropriate.
- **Giving the child a '10 minute cool down' card** that allows them to go to a designated seat in view of the classroom or another area such as a 'buddy' teacher's room, coordinator's office or deputy or assistant principal's office with the goal of returning when feeling calm. To make a '10 minute cool down card' simply laminate a square of coloured or patterned paper. You may like to put a picture of a calming activity on the card. Speak to the child, or whole class about the cards and when they can be used. Either leave the cards on your desk or the child's desk so they can easily access them when they need them. The use of these cards will need to be monitored to ensure it is not abused.
- **If the child is violent** exercise your occupational health and safety responsibilities and duty of care obligations to all students. Calmly direct the class to stand and quietly leave the room and to assemble at a pre-determined designated area or to go to your buddy teacher's classroom. Immediately inform the principal or appropriate senior staff member of your actions and keep the child in view and safe.
- **Choose the time to follow up on an incident carefully.** It is best to discuss consequences for unacceptable behaviour when the child is calm and can think and talk rationally. If using a behaviour management chart that is completed after each subject or block, ensure that spaces are provided on the chart for teacher feedback of the child's behaviour. Review the plan as required.
- **Consider implementing a short 'debrief' before school** as a means of sorting out or allowing the 'off loading' of any problems or concerns from the morning or the previous night. The aim is to help short-term solutions to issues before the school day begins. This 5 or 10 minutes is also important in establishing a quiet, calm and safe start to the school day. If the debrief is unsuccessful, teach relaxation calming techniques such as taking three deep breaths, counting to 5, saying 'relax, relax' to self or getting a sip of water from their drink bottle or from the outside taps, before returning and starting the day in a designated 'calm area'.

### Involve the child in implicit social skills development

- **Spend a few minutes each day teaching social communication with the whole class.** Social communication activities done for 1 to 5 minutes a few times per week with the whole class can be more effective in teaching the child age appropriate social skills than a separate program. It can be useful to use one quick exercise from a social skills program each day, or ask one question such as 'What do you do if your best friend doesn't want to play with you today?' Have students discuss in pairs and report back to the class.
- **Insist on turn taking.** Play games that increase awareness of turn-taking behaviours. Use a 'talking toy', an actual microphone, or other similar object during class discussions, where only the person holding the object is allowed to speak.
- **Point out when the child is intruding on someone's personal space.**
- **Notice and comment on pro-social behaviour immediately.** Catch the child being helpful, kind, taking turns or any other pro-social action and comment immediately on this behaviour to the child. For example, 'I like the way you waited your turn' or 'Thank you for helping Danny with his work.' Also comment on examples of pro-social behaviours from the child's peers, as they are role models for the student with ADHD.



- **Refer the child to a social skills group.** Some schools, university psychology clinics, community health centres and other community organisations have psychologists or social workers who teach social skills to groups of children. These groups focus on teaching the child to apply and interact with others in a socially acceptable, cooperative and enjoyable way. Ensure parental consent is obtained for all participants and the school endorses the program.
- **Use social stories.** Social stories were originally designed for children with a diagnosis of autism but they can be used effectively with all children. These stories teach children new social skills and assist them to understand the perspectives and motivations of other people in particular situations. These stories can be created to suit the specific needs of the child. For more information about social stories see <http://www.thegreycenter.org>.
- **Select media segments** from G-rated programs or series, or selected excerpts from Teacher Tube, ABC 3, Australian Children's Television Foundation, ACMI Generator or British Children's Television Foundation. Choose clips that focus on family conflict, friendship problems, and other children's issues, which provide various alternative solutions or options. Use the media clips to talk with the child or the whole class about alternative pro-social behaviour, which can be used to solve problems in the future. Where a psychologist or special teacher is available, classroom teachers may wish to request support from these professionals to assist in these sessions.
- **Promote peer relationships.** Talk privately with the child about a specific difficulty such as suggesting one or two ideas to 'repair' a friendship or how to speak to others softly rather than loudly. See the Psych4Schools ebooklet '*Children who have difficulties making and keeping friends*' as it becomes available on the website.

### Improve organisational skills

- **Teach the child that everything has a place.** Help the child to develop good habits in regard to the use and storage of items, to help them avoid losing objects such as books, drink bottles, pens, jumpers and other classroom materials. Insist that items used or borrowed are returned to their storage place immediately after use, rather than later.
- **Use visual charts or checklists** of what is needed for each different activity for the day. On the classroom timetable, include a checklist beside each subject of the materials typically required, such as a calculator for mathematics, scrapbook for project work, hat and snack for recess, reader and homework folder in the bag at the end of the day. Assist the child to use the checklist to get organised at the beginning of the activity, until they have developed independence. For younger children, it may be helpful to include pictures of these items. The older child might have a checklist on the inside cover of their workbook or diary listing required subject materials for each subject. Parents might appreciate a copy of the timetable so they can remind the child before school of the items needed that day.
- **Assign a buddy to prompt the child.** Chose a responsible classmate to remind the child about what is needed for the next activity or task if they have forgotten. It can be helpful to choose a number of different buddies for class work and elective subjects such as art and sport.
- **Involve the child's parents.** Work with the child's parents to develop independence around getting organised for school. Help the parents to design the organiser for home use.

ISBN 978-1-921908-22-4